THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LVIII. THURSDAY, APRIL 8, 1858. No. 10.

CONSULTATION WITH HOMŒOPATHISTS.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—In your JOURNAL of the 11th inst. you have an editorial article on "Consultation with Homœopathists." As I do not entirely agree with you, I beg leave to offer a few remarks on the subject for insertion in your valuable periodical.

You do not bring the principles of Homœopathy into consideration. I do not come to you as a supporter of those principles. You cannot think them more absurd than I do. But you express a most decided opinion against consultation with Homœopathists. Who are the parties? On the one side stand *we;* we, who are not of the sect denounced, and who are denominated, very unjustly, Allopathists by that sect. On the other side stand this modern sect, who are, I presume, in a small minority in Massachusetts. We are the largest and strongest party. That alone cannot constitute a reason for regarding the other party as unworthy our respect, as unworthy even of common civility. I infer from your article that you object to them on account of their opinions; on account of the principles which guide them in the treatment of disease. There may, or may not be other objections, which apply to individuals of the sect; but not such as necessarily apply to all.

You object, then, to consultations between those whom you regard as regular physicians, and Homœopathists, on account of the principles and practice which characterize the latter. You even think that the regular physician *cannot* consult with Homœopathists. This is not because they are not *regular* physicians, I suppose, using the term *regular* in its common sense as applied to physicians in Massachusetts. With us, all Fellows of our State Medical Society are regular physicians; and in your remarks you have, I presume, reference to those Homœopathists only who are Fellows of that Society. With those who are not so, we cannot, of course, consult within our State, as our By-laws forbid this. Your objection, then, to the Homœopathists is founded solely on the opinions which they maintain.

Now, my friends, I object to the proscription of one party by another merely on account of a difference in opinion. We get into parties on other subjects; for instance, on politics, and on religion. Is it wise that parties on any of these subjects should array themselves in a hostile manner against each other? In all these cases, oppose the doctrines which you think erroneous by fair argument, and urge your own opinions with all due earnestness, and occasionally even with warmth. But let your opposition be to the doctrines which you regard as heretical, not to the doctors who maintain them. As soon as you do this, as soon you treat with indignity the members of other sects, you cease to be philosophers; you cease to be the lovers of and seekers for truth. In such cases you cannot tell to what lengths you may be carried. Have not men, calling themselves Christians, and contending on each side for what they regarded as the true faith, become so heated by religious controversy as to bring the faggot and the sword to decide between them? Should not this teach you to beware of intolerance?

But you say that the regular physician *cannot* consult with the Homœopathist. I say that the two can consult with each other; but that, if each is decided in his opinions, it is idle for them to consult in regard to *the medicinal treatment*. If, therefore, my patient asks me, as I am not a Homœopathist, to admit one, who is so, to visit him in consultation, I refuse to comply with his request. In such a case, however, I offer to retire, and to deliver the patient into the hands of the new sect. I remember two instances, in which I have done this, within twenty years. The physicians to whom I yielded were my friends, honest and honorable men; one of them had been my pupil and my patient. I lost some fees, which I mention as a set-off against your suggestion that the fear of such loss may sometimes incline a *regular* to consent to a consultation with one of the obnoxious sect. You will understand that I did not object to the consultation in these cases, because I held myself to be in any respect superior to the other parties. But the patients wished to see a Homœopathist, from a belief that his mode of practice was better than mine. I knew that I should not consent to adopt his practice; and, therefore, I yielded the patients, and avoided controversies in the ante-room. I state all this, because what I did was founded on deliberation, and on principles to which I still adhere.

It is another case when a patient is under the care of a Homœopathist, and you or I are invited to consult with him. In that case the disciple of Hahnemann might refuse to admit me, for the same reasons on which I should refuse to admit him in consultation. This is just what has happened as to myself, and in more than one instance the attending physician has treated me with great civility. He has retired and taken pains to make me acquainted with the history of the patient whom he has surrendered.

But there are subdivisions in all large sects, or parties. Among the *Friends*, called Quakers, we hear of *wet* Quakers; those, I suppose, in whom some of the starch has been washed out. In like manner there are Homœopathists, who do not adhere strictly to the rules for the administration of remedies, implied in their name, and who do not confine themselves to the infinitesimal doses, though they may never use the heavy clubs of the Herculean practitioners. Perhaps you are ready to decry these half-way men, and to suspect their sincerity. I do not wish to discuss that matter; it would take up too much time and space. But I am very far from agreeing with you that these *liberal* Homœopathists are, all of them, insincere; though I suspect some of them are so.

But now, if asked to consult with one of these liberal men in respect to his patient, should you feel bound to refuse the honor, or the profit; or would you refuse to perform an act of humanity, if you supposed that you could aid in relieving a sufferer, perhaps in saving his life? Would you wreak your vengeance not only on the physician, who differed from you in his ordinary practice, but also on the patient, who had had the temerity to prefer him to you in the first instance? If you are so certainly in the right—so *righteous*; and if the other, who has been unrighteous, now consents to take your advice in behalf of a suffering fellow-man, will you refuse to give it to him? I mistake you, my friends, altogether, if such would be your course. It has not been mine; and I shall not alter my course, whatever the obloquy to which it may subject me.

But you say that here there is not a consultation, but a dictation, on the part of the regular who is called in. As I will not dispute about words, let it be granted that this is true in some measure. It would be true as to the medicinal agents employed. But I need not point out to you that, at the present day especially, the medicinal treatment is oftentimes, and especially in chronic diseases, the least important part of the prescription of the experienced physician. It is on the hygienic part of the treatment, on the diet and regimen, that we place our greatest reliance in most chronic diseases, and it is the same in acute diseases at the late period when a consultation is most commonly asked for. Now on these points there is no difficulty as to a consultation with Homœopathists. They professedly give attention to this important branch of treatment. Their opinions on any particular occasion might not accord with yours, or with mine. But this may happen also in a consultation between you and me, or any two physicians whom you may call regular. Not only so; it often happens that at a consultation between two, whom you would call *regulars*, the consulting physician advises an entire change in the medicinal treatment, and this is adopted at once. Here there is a *dictation*, as much as if a Homœopathist had been a party.

A meeting of physicians who differ in their views of disease and

their modes of treatment is not a new thing. There have always been differences more or less among medical men. At the beginning of this century there were, in these United States, the Brunonians and the Rushites. These parties agreed in viewing diseases under the simplest of characters; both considered that disease differed from health in being a state of activity and sensation above, or below, that of health. But Brown thought that disease was almost invariably a state of depression below that of health, and hence he almost invariably directed beef and brandy for his patients. Rush viewed disease as almost always a state higher than that of health; hence his object was to diminish the activity in the functions of the living body; for which purpose he resorted to evacuations, and especially to bloodletting, in a large proportion of the cases committed to his charge.

There existed then, as there does now, a set, but not a sect of physicians, whom I will call Hippocratics. These followed the great Father of Medicine, Hippocrates, in a reliance on observation and experience. I think that you, as well as I, claim to be of this party. Now this party did not quarrel with the Brunonians, nor with the Rushites. They opposed their opinions on the subjects of pathology and therapeutics; but they met the men in consultation and enforced their own opinions, as much as they could. Each of the two sects above named might have been bound together by outside pressure, and many individuals have been induced to adhere to the doctrines of their sect with obstinacy. But as a mutual intercourse was maintained, there has taken place gradually a fusion of the different opinions and practices, and the party lines have been forgotten.

I will not try to keep out of sight what I know to be said very often by those whom you regard as regular physicians, viz., that the Homœopathists are, many of them, insincere; that they enlist under the party flag, hoping to gain business in that way, which they had failed to obtain when mingled with the more numerous body of regulars; and that, while received by patients as belonging to the new sect, they avail themselves of the same powerful remedies which we employ, and in full doses. From what I have heard, and in some measure from what I have seen, I suspect that there is some ground for these charges. But I must think that such instances are the exceptions, and that the great body of Homœopathists are as sincere and as honest as their neighbors. So that I am led to repeat, what I have before intimated, that party feeling has led us to charge to the whole body of the disciples of Hahnemann what is true of only a small part of them. At any rate, let me beg that we may be careful not to speak too ill of our neighbors; to let them have a fair chance; to accept any knowledge we can derive from them; and to aid them, when they will let us, in any way in which our practice is better than theirs.

As one of the old ones, I thank you for the courtesy and respect

which you show towards age. You show, however, that you love truth first of all, and most of all. I agree with you entirely in that respect. I ask you to join me only so far as my views seem to be well founded. I am your faithful friend,

Boston, March 29th, 1858. SENEX.

PUNCTURES IN A CASE OF ANASARCA AND ASCITES, THE FINALE OF TUBERCULOUS CONSUMPTION.

BY EDWARD JENNER COXE, M.D., VISITING PHYSICIAN, CHARITY HOSPITAL, NEW ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

AFTER a protracted illness of more than two years, in which most of the truly distressing symptoms of consumption were present, there supervened, toward the apparent close of the disease, symptoms of dropsy, of the inferior extremities first, and subsequently of the abdomen. The prominent symptoms, during the course of the disease, were—excessive cough, purulent expectoration, diarrhœa, night sweats, loss of appetite, and great prostration of strength, with emaciation. All of the physical signs common to the last stage of tuberculous consumption, were clearly defined, although the constitutional signs were so evidently marked that it was scarcely necessary to resort to them for confirmation. To give an idea of the almost utter hopelessness of the case, I will state the condition in which he was at my first visit, some sixteen months since, and his remarks upon my entering his room. Constant cough, great emaciation, an uncontrollable diarrhœa, total loss of appetite, inability to sleep, with profuse night sweats. Added to these, was his first salutation, that he had not sent for me in the hope, or belief, that I could do him any permanent good, but solely to try and afford him some relief or comfort during the short time he felt he had to live. The prospect of being able to afford relief appeared small, and was rendered still more so, by the absence of hope, one of the most deplorable conditions to which a patient in any disease can be reduced.

Notwithstanding such an unfavorable beginning, by the blessing of Providence I was enabled to convince him that possibly there were means to be used by which his present condition might be ameliorated. The various remedies employed, I was happy to find, did produce the desired effect, so that in conjunction with appropriate nourishment and drink, his general condition gradually improved. Without fatiguing by a detailed statement of the different remedies employed, principally of a tonic character, it will be sufficient to state that the diarrhœa was arrested, the cough decreased, the appetite improved, the night sweats lessened and disappeared, and that finally, after many weeks, he was so far improved that he conceived, and carried out, the idea of taking a

trip to Rio de Janeiro, or Buenos Ayres, in the hope that, now being partially rëestablished, the sea air might perfect that which the remedies, or course pursued, had begun. Although I could not advise the voyage, I did not object to it, and upon his sailing, he was provided with full directions for his guidance, not forgetting such remedies as might be required, and a good supply of proper articles of diet and drink. Certainly, I could not entertain a hope of ever seeing my patient again; how great, then, was my surprise when, at the end of about five months, I found a message from him on my slate, I being out of town, stating that he had improved, and was in one of the Western States, on his way home. That was supposed to be the last I should hear of him, but in the month of November I was again surprised upon receiving a message to call on him. I found him decidedly improved, as far as the ability to move about was concerned. There were no night sweats, his appetite and digestion were good, and the bowels in good order. His diet consisted of every article which he found to agree. For many weeks he continued in the same condition, the cough and expectoration being frequent, and of a purulent character; these, together with the physical signs, demonstrating the disease to have been merely kept at bay. Until the last few weeks, he had been able to walk and ride daily; more than once he went to the theatre, and did other things which I could not approve of, but which could not be prevented. About this time, symptoms of anasarca showed themselves, and finally those of ascites were developed, and gradually increased, until he was forced to keep his room. For some time the cough had been more frequent, the expectoration more copious, and all of the symptoms were most unfavorable, particularly, as notwithstanding the quantity of food and drinks taken and digested, his general strength and flesh were daily wasting. This condition, in my opinion, was justly to be attributed to the direct, though secret, influence of the tuberculous diathesis. The effusion into the limbs and abdomen now daily increased, to the extent of causing want of sleep, difficulty of respiration, and general discomfort day and night. For several days, I had suggested that, possibly, a few punctures in the lower part of the limbs might afford temporary relief, and at last he requested them to be made, the abdomen and legs having become very much distended and tense. I made six punctures in each limb, not very deep, with a thumb lancet, when the serum at once began to flow quite freely. Upon making my visit the next day, how great was my surprise to find that all of the fluid had vanished from the abdomen and every part of the limbs, with the exception of that part of the feet above the puncture, the heels resting on the pillow. The friends observed that, for some time after my departure, the fluid escaped in a continuous stream, and they judged that not less than four gallons had run off; and when I remembered the great size of the parts from which it had escaped, I really think that quantity was

below the true amount. During the night, a feeling of sinking, or great prostration, was complained of, requiring the use of a considerable amount of brandy. For several days there was a constant oozing of serum, which was being secreted during the time, for, as soon as the flow ceased, from the union of the punctures, there was observed a gradual increase of the swelling in the limbs, but not yet in the abdomen.

Obliged in several cases of anasarca, the result of different diseases, in the patients in my wards, to resort to punctures for the purpose of relief from distension, repeating the operation daily, with more numerous punctures, without in any one instance having more than a small quantity to ooze out, generally with advantage, there never having been any inconvenience resulting—I must confess that the result in this case, in less than twenty-four hours, did cause me great astonishment. It is possible that similar cases may have been witnessed by others: yet as an interesting fact, capable of causing inquiry as to the possibility and propriety of trying the same means for similar effects, in some cases of anasarca and ascites, from whatever cause, in my opinion this case is deserving of the notice of the profession. It is now more than two weeks since the operation, and several times there has been a necessity for repeating the punctures, to prevent the renewal of the enlargement of the limbs and consequent discomfort. It affords me pleasure to state that the desired effect has resulted, the abdomen remaining perfectly free from fluid, and the accumulation in the limbs thus far prevented.

So satisfied has the patient been with the actual relief afforded, that he has several times requested a few punctures to be made, when otherwise I should not have considered it necessary.

The general condition of the patient continues, from day to day, much the same, while efforts are made to induce him to partake as freely as possible of nourishment and brandy, and he is allowed to choose for himself what he prefers. Only such medicine is suggested as may be required to soothe the cough, and support, if not increase, his strength, for the sole reason that while life exists, it belongs not to man to set any limit to the power of the Arbiter of life and death, nor to cease his exertions because the case may seem to be hopeless.

The main object of these remarks having been accomplished, it is deemed needless, or at least of no practical value, to continue the history of the case.

CASE OF MALIGNANT GROWTHS WITHIN THE THORAX.

BY G. W. GARLAND, M.D., LAWRENCE, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

F. B. P., aged 39, consulted me in regard to his health, January 30th, 1858, when he informed me that he had had paroxysms of

asthma ever since he was a small boy, which had always, with a few exceptions, passed off in a very few days. He had usually been able to attend to active and even laborious occupations. On coming up one flight of stairs to my office, his lips were bluish, and his respiration rapid and wheezing. He had a hard, dry cough, very much aggravated by exercise. After being seated a few moments, his breathing improved, the blue color left his lips, and he conversed with ease and seemed cheerful. His appetite was not as good as usual; he had acidity of stomach, and costiveness. His strength had failed a little, and his *asthma*, as he termed it, had been getting worse for several weeks.

The chest sounded everywhere very well, but was thought a little dull. The sound of respiration was the same in either lung, and decidedly bronchial. What was thought to be dry sibilous ronchus was heard over all parts of the chest. The chest was somewhat rounded in front. The heart yielded a feeble impulse and sound to auscultation, but was normal in every other particular, while the patient was at rest. Pulse 84 and firm. On bending forward, his face would become flushed with a bluish hue, and his breathing become oppressed. This would all immediately disappear on his assuming the erect position. He could lie on either side, or on the back, but for a few weeks had had increased dyspnœa on first taking the horizontal position. He continued at his business as ticket master at a depot for two weeks after this time, when the dyspnœa became so great, on even moderate exercise, as to confine him to his house. I should here state that Mr. P. was a spare man, very active, of nervous temperament, and at the time of my first examination did not exhibit the slightest symptom of cachexia.

Feb. 3d.—The chest yielded to percussion and auscultation the same uniform sound over its entire surface, yet the sound by percussion was duller than on the 20th of January. Respiration still dry and wheezing.

10th.—The dyspnœa is now constant, whether sitting or reclining, and much increased by the slightest effort to change position. His inspirations were sudden and very forcible, while expiration was prolonged, yet seemed forced by muscular action, as if the passive fall of the chest was not enough to force the air from the lungs.

15th.—But little change; hands look bloated, but do not pit on pressure.

20th.—Dyspnœa extreme. Superior extremities, face, and chest down to the waist, œdematous. Unable to lie with quietness, except upon the right side. Right chest duller than left. Effusion suspected. Slight expectoration of a peculiar yellowish adhesive sputa, not very unlike what is seen in cases of pneumonia, and yet not like it.

26th.—Seen at 5, A.M. Dyspnœa very great indeed. Orthop-

nœa since 2 o'clock at night. Uvula elongated and very œdematous. Hands much bloated and bluish. Pulse 100.

The patient was seen by Dr. Henry I. Bowditch, of Boston, at half past three, P.M., who has since kindly furnished me with a copy of his notes, taken at the time in his note-book, which I transcribe with pleasure.

"I learned that for several months Mr. P. had had severe cough on exertion, with little or no expectoration. He had suffered from gradually increasing dyspnœa, and finally severe orthopnœa. There had been a tendency to fulness about the head and face, on bending forward, as if the veins became obstructed. No marked palpitation or other cardiac symptom. At my visit, he presented the appearance of one suffering from the intensest dyspnœa, which was constant, and much aggravated by motion. During my examination, he raised, with great difficulty, one small, very adhesive, peculiar, greenish-yellow sputum. By its small amount and peculiar color, it reminded me of another case, which was found to be malignant. His breathing, though very difficult, was not croupy, nor asthmatic nor cardiac, but rather as if there were some obstacle below the trachea to the free entrance of air. *Physical signs.*—The upper part of the thorax in front was manifestly rounded outward, and very different from what is seen in phthisis. On percussion, the right breast had a wooden sound, and in this same part the respiratory murmur was less distinct than elsewhere in the lungs. Everywhere else was heard a wheezing. No cracklings or cavernous sounds. In both backs the murmur was wheezing, but alike. The cardiac sounds and impulse seemed obscure, but not positively morbid. Uvula, œdematous. The epiglottis did not appear diseased.

"From the peculiar rational symptoms, viz., gradually increasing dyspnœa, hard cough, with but little expectoration, and that of a peculiar color and adhesive nature, and from the absence of cardiac disease, I was led to expect some malignant growth. The physical signs, viz., the prominence, the wooden sound, the lessened murmur, and the absence of the physical signs of advanced phthisis, confirmed my diagnosis, viz.: probably malignant disease, involving and obstructing chiefly the upper lobe of the right lung. Prognosis—soon a fatal result."

In the evening of the 26th, after a free inhalation of ether, the patient was placed upon the bed on his right side, where he remained until March 2d, when death relieved him of the most intense suffering.

Post-mortem examination, 12 hours after death.—On dissecting back the integuments to make way for the removal of the sternum, a flat scirrhous formation, of the size of a half dollar, and several lines in thickness, was noticed between and upon the second and third ribs of the left chest. Beneath the sternum and adherent to it, and to the cartilages of all the true ribs, there was a scirrhous tumor or formation, eight inches in length, four inches in width,

and two inches thick, in what might be termed its body. It was very irregular in shape, branching and lobulated in various directions. All traces of the mediastinum were obliterated. The arch of the aorta, the innominata, and the descending cava, were literally packed in the scirrhous formation. The bronchial passage to the middle lobe of the right lung was completely obstructed, and the lobe wholly collapsed, and did not contain one particle of air. The pulmonary arteries were also imbedded in the mass. The valves of the heart were healthy, but the walls of both right and left ventricles were very thick and firm. No wonder, when we see the work it had to perform. Upon the apex of the heart was found a scirrhous growth, somewhat bedded in the muscle, larger than a half dollar, and one half inch thick. The pericardium adhered to the left half of the heart quite firmly. There was also a large tumor lodged in or against the bifurcation of the trachea, pressing more upon the right branch than the left. This was kidney-shaped, and two thirds as large as the kidney of an adult person. The right chest contained nearly three pints of serum, which coagulated spontaneously on exposure to the air. No effusion into the pericardium, or left chest. Several old adhesions were noticed between the pleura and lungs. Liver and kidneys quite healthy. As there were no marks of pleuritic inflammation, it was inferred that the effusion into the thorax was produced by the same cause as the œdema of the superior extremities, &c., as there was not the slightest swelling of the inferior extremities.

This case, it will be seen, presents some peculiar features. First, the tendency of previous asthma to divert the attention; secondly, the almost total absence of pain, loss of flesh and cachexia so common in malignant diseases; thirdly, the hidden position of the largest growth, it being exactly beneath the sternum, and extending or projecting equally on either side of it, giving thereby the same sounds on percussion for each chest; fourthly, the uniform noisy, wheezing, bronchial respiration, so markedly changed by motion and position, when no signs of cardiac disease or effusion were present; and fifthly, that no signs, either rational or physical, tended in the least to indicate the nature of present or past disease, except the uncommon circumstance of œdema of the superior extremities; and the total failure of the most active treatment by alteratives, cathartics, blisters, expectorants, &c., to afford any relief. It will be remembered that no symptoms of effusion appeared until the 20th of February, up to which time no difference in the two chests could be detected. Until seen by Dr. Bowditch, it was supposed that there was a tumor or growth at the bifurcation of the trachea, and so stated to the family, but the idea of malignancy did not occur.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY F. E. OLIVER, M.D., SECRETARY.

Feb. 22d.—*Leucocythæmia.* Dr. C. E. Ware reported a case of leucocythæmia, with enlarged spleen and liver.

The patient was a woman 39 years of age, whose health had never been good since her first confinement, fifteen years previous. Her complexion always wanting in color. Five years since, she first noticed some fulness in the left side of the abdomen. For three years a tumor had been obvious; and for the last two years her health had been constantly failing. There was at times urgent cough, and once or twice slight hæmoptysis. She had also dyspepsia, all her food disagreeing with her. The catamenia was regular until the last three months: since then absent. She had never had jaundice.

Dr. Ware saw her first, three days before her death. She was then extremely emaciated, but up and dressed. Her complexion was perfectly blanched; pulse 130, very feeble; tongue thinly furred, smooth and pale; skin dry; no night sweats; bowels regular; dejections normal in color and character: urine normal in quantity, rather high colored, but not tinged with bile. There was slight œdema of feet, but no other signs of dropsy existed.

The chest presented no marked physical signs of disease. There was not, nor had there been, any enlargement of the lymphatic glands. The abdomen was moderately full, but not tense nor tender. The liver could be made out by touch and percussion, extending about an inch and a half below the ribs, across the epigastrium, and down the left hypochondrium as far as the crest of the ilium; the edge of the tumor, and the fissure between the right and the left lobe, being apparently perfectly well made out. A drop of blood from the arm presented a very great preponderance of white corpuscles.

The patient continued to sink, and died two days afterward, her mind being perfectly clear to the last.

At the autopsy, there were found firm adhesions of both lungs, with cicatrizations, cretaceous matter, and all the appearances of old tubercular disease about the apices of both lungs. Both lungs were quite œdematous.

Into the pericardium there was moderate effusion. The heart was normal; containing a large amount of soft clots and liquid blood. On opening the abdomen, the tumor was found to be composed of the liver and spleen, both enormously enlarged, the spleen weighing 3½ pounds. The liver extended far over to the left side, overlying with its left lobe a considerable portion of the spleen, so as to give to the touch a perfectly uniform surface quite down into the iliac region. It was apparently not altered at all in its texture, being merely hypertrophied—not fatty. The spleen was natural in color, and firm in texture.

Dr. Ware also alluded to another case of leucocythæmia, not apparently splenic, which he reported to the Society at the meeting previous. This occurred in a girl 16 years of age, who had always been in feeble health, and in whom the catamenia had never appeared. When seen, a few weeks before her death, she was perfectly anæmic. She had been failing in health for more than a year, without other evi-

dences of organic disease. The lymphatic glands of the neck were considerably enlarged, but there was no sign of tumor, or of enlargement of any of the organs of the abdomen. There were no signs of thoracic disease. There was moderate œdema of the feet, and a few purple blotches upon the legs. There were no indications of renal disease. About a fortnight before her death she was attacked by diarrhœa, in the course of which there was quite a copious hæmorrhage from the bowels. She died, very suddenly, of hæmorrhage from the stomach, having been much excited and fatigued by moving from one house to another. No autopsy was allowed. But in her case, before her death, the same disproportion was found between the white and red globules, in blood taken from her arm, as in the first case.

Feb. 22d.—*Primary Cancer of the Bladder.* Dr. Hodges showed the specimen and reported the case.

W. S., 49 years old, had had pain in his loins and painful and difficult micturition for about 4 years. At times his urine has been tinged with blood. Gave up work ten months before his death, though for some time previous he had been unfit for it. At this time he complained of intense pain in his fundament and in the end of his penis; the corpora cavernosa were indurated. His urine was passed, with much scalding, every half hour. The stream was occasionally interrupted, was always bloody, and deposited much mucus and glairy matter. Dr. H. sounded him, but found no stone or evidence of fungus. The bladder held about an ounce of water. His condition remained about the same during the succeeding months. His appetite continued, and he rode out within a fortnight of his death. During the last fortnight, however, his urine gradually assumed a chocolate color, became very offensive, and had a grayish purulent deposit mixed with clots of blood. It occasionally passed involuntarily. He had a tender globular tumor in the left hypogastrium; also a tumor bulging into the rectum, almost precluding examination or the introduction of suppositories of morphia, which were his chief source of relief. He began to vomit and hiccough about a week before he died, and nothing had any alleviating effect. For the last four or five days he had a diarrhœa, the passages being involuntary, and occurring whenever he passed his water. An instrument always entered his bladder without encountering any obstacle.

At the autopsy the bladder was found filled with a soft encephaloid mass, which was broken down during removal. The mucous membrane of the bladder was destroyed, except at one point where a surface as large as a silver dollar remained intact. It also existed in its natural state for a distance of three or four lines around the orifice of the urethra. The ureters were dilated, and the fundus of the bladder had formed an adhesion with the rectum that would soon have led to a perforation. The pelves of the kidneys were dilated, and the substance of these viscera was in a state of inflammation. The lumbar glands were enlarged. The other viscera were not remarkable.

March 8th.—*Fragment of Bone in the Urethra. Vesical Calculus.* Dr. J. Mason Warren reported the case.

Dr. W. said that a few weeks since, a young man, 28 years of age, applied to him with an obstruction in the urethra, and a pain at the end of the penis. He had suffered more or less with urinary troubles for some years, but had not been obliged to give much attention to them until within the last two weeks. Some difficulty was encoun-

tered in passing a catheter, from a twist in the urethra, caused by the position of the pelvis—the patient having, in childhood, suffered from a severe hip disease, in the course of which the right femur had become anchylosed with the acetabulum, and now lay diagonally across the perinæum, so as to interfere much with the manipulations of the instrument. Near the neck of the bladder a foreign substance was detected, which appeared to be a bit of bone; and on the patient being interrogated, he said that three years since he had consulted Dr. W. for a fistula in the perinæum, caused, apparently, by the escape of a bit of osseous matter at that point. On inspection, the hip and thigh were studded in every direction with cicatrices, made by the openings for the escape of bone.

After two or three days' treatment the obstruction in the urethra was removed, and the patient relieved. Before returning home, Dr. W. thought it best to explore the bladder with a sound, which at once encountered a very large stone, lying quiet in a sac, in the lower part of the bladder. As the operation was likely to prove a critical one, not only from the size of the stone, but also from the diseased urethra, and the manner in which the femur was fixed across the perinæum, Dr. W. advised the patient to enter the Hospital.

The bladder not being very sensitive, the operation was done, without ether, in the following manner. The pelvis of the patient was elevated by means of the anchylosed femur, which was supported on the shoulder of an assistant. Water being injected, the instrument was passed under the femur into the bladder, some manipulation being necessary to obviate the lateral turn in the urethra. The stone, before being caught, required to be fished up out of the hole in which it was stowed away. It measured about two inches in diameter.

Six operations were required, and the man has just left the Hospital well. The only trouble experienced in the course of the operations was from large bits of stone being twice lodged near the end of the urethra, from which place they were dislodged by breaking them down with the forceps, and removing them piecemeal.

Bibliographical Notices.

Fourth Annual Report of the Inspectors and Superintendent of Rainsford Island Hospital, Boston Harbor. October, 1857. Boston: William White, Printer to the State. 1857. 8vo. Pp. 16.

This Report being made up to the first of October, in accordance with the requirements of an Act of the Legislature, instead of the first of December, as formerly, presents the statistics of ten months only. During this time 655 patients have been admitted, 57 were born, 626 were discharged, and 64 died. The daily average for 1857 was 249. The percentage of mortality was 8. The chief fatal disease was consumption, which caused 23 deaths. There were 4 deaths from syphilis, and from no other disease were there more than 3. When we consider that the inmates of this Hospital are all paupers, the above results are most gratifying, and reflect much credit upon the Superintendent, Dr. J. R. Lothrop.

Fourth Annual Report of the Inspectors of the State Almshouse at Bridgewater, October, 1857. Boston: William White, Printer to the State. 1857. 8vo. Pp. 16.

The number of patients admitted into the Hospital of this institution for the ten months ending October 1, 1857, was 1,275. Discharged well, or greatly improved, 874. Remaining in Hospital, 175. Number of births, 55. Number of deaths, 226, of which 25 were of persons upwards of 75 years of age, and 117 under 5 years. Several of the patients died within a few hours of their entrance. When the wretched condition of the inmates before their entrance is considered, this mortality cannot be considered large. The principal fatal diseases were consumption, which numbered 60 victims, marasmus (25), old age (25), general debility (15), scarlatina (12), and pneumonia (10). Out of over one hundred cases of measles, there were but four deaths. The Hospital is under the excellent management of Dr. G. B. Cogswell.

Fourth Annual Report of the Inspectors of the State Almshouse at Tewksbury, October, 1857. Boston: William White, Printer to the State. 1857. 8vo. Pp. 27.

There has been a considerable reduction in the mortality at this institution during the past year, which is in part attributed by the physician, Dr. J. Brown, to increased ventilation, better heating apparatus, and enlarged cooking arrangements. Dr. Brown refers to the importance of discontinuing the use of alcoholic and vinous liquors, as stimulants in sickness, and is convinced that patients are, on the whole, better off without these remedies. Since the disuse of stimulants, there has been a remarkable diminution in the number of deaths. The number of patients admitted to the hospital during the ten months was 994, the average being 143. The number of deaths was 107, 69 less than during the corresponding months of the preceding year. The number of births was 51. Among the deaths were 21 from consumption, 41 from debility, 8 from hydrocephalus, 8 from marasmus, 6 from typhoid fever. The Inspectors testify to the fidelity and ability of the physician and his assistants.

Plates Illustrative of Wilson on Diseases of the Skin. Fourth Edition. Philadelphia: Blanchard & Lea. 1857. 8vo.

We have already expressed our high appreciation of Mr. Wilson's treatise on Diseases of the Skin. The plates are comprised in a separate volume, which we counsel all those who possess the text to purchase. It is a beautiful specimen of color-printing, and the representations of the various forms of skin disease are as faithful as is possible in plates of the size.

Ethnology of the Negro or Prognathous Race; a Lecture delivered before the New Orleans Academy of Sciences. By Samuel A. Cartwright, M.D. New Orleans: 1858. 8vo. Pp. 15.

This lecture is devoted to a discussion of the physical and mental condition of the Negro, or what the author calls the ethnology of that race, as contrasted with the other varieties of the human species. According to Dr. Cartwright, the negro is only in a normal state when in a state of subjection.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 8, 1858.

MASSACHUSETTS GENERAL HOSPITAL REPORT FOR 1857.

A copy of this Report has been handed to us by Dr. William J. Dale, one of the Board of Trustees; we present a few points of importance, from its details.

The first thing that strikes us, and for which the Committee claim especial notice, is the fact of a very considerable *deficit* accruing during the year; and this is only a continuance of the same occurrence "for a series of years." The Committee recommend that the earnest attention of the Trustees be given to this state of affairs, and say:—"The constant diminution of the property of the Institution, not strictly in trust for especial uses, will inevitably lead—unless a proper and efficient remedy shall be applied—to such a restriction of its charities as cannot be contemplated without the deepest regret by any one cognizant of the noble uses to which its funds have been made subservient."

From the Report of the Superintendent of the Hospital, Capt. Richard Girdler, we learn that 920 patients were admitted during the year 1857; of these, 543 were males and 377 females—56 less than in 1856. Of the entire number, 510 have been discharged well; 59 were much relieved; 136 relieved, and 130 deaths have taken place. The number of patients "discharged cured is larger than in any previous year since the opening of the Hospital."

Referring to one of the Superintendent's tables (Analysis of Patients) we observe that there has been an excess of free patients over those who pay board; there being, in the Male Department, 227 recorded in the latter category to 251 in the former, while 65 paid partial board. Of females, there were 57 paying patients, 229 free, and 21 on the partial payment list. The Superintendent adds that the average time of ward-paying patients is $2\frac{3}{4}$ weeks, whilst that of free patients is 5 weeks. The proportion of ward beds occupied by free patients is "nearly two to one." The circumstance of the longer stay in hospital of free than paying patients, has been before noticed and commented upon by us. Several reasons may combine to produce this result. Thus, the illnesses of the majority of free patients may be more severe; doubtless they often are. They may often enter a hospital in a more enfeebled state than those who have had more comforts; and consequently will respond more tardily to the action of hygienic and remedial means. Lastly, they may convalesce more slowly; in many instances this is indisputably the case, and in the class of people who seek the charities of public medical institutions these elements should all be expected. As an *addendum*, it may often happen that such patients, when well enough to go out, will endeavor to prolong their stay in quarters where they have been so comfortably provided for. Nor will such an endeavor be harshly judged, since many of them must return to toil, hunger, cold, and exposure of various sorts; any such lingering, therefore, must be set down as the most excusable form of malingering which exists. Perhaps, in certain

cases, the kindness of medical officers prolongs the stay of patients thus situated, although to do so often, would be "robbing Peter to pay Paul," since there are always applicants for free beds, so soon as they can be safely vacated by their occupants.

The Report makes mention of the Out-patient Department as having been largely instrumental in benefiting such as are not obliged to sojourn in the building for medical care. The patients in this department are stated to have very signally increased, both in the surgical and medical divisions, according to the report of Dr. Abbot, the Admitting Physician and Physician to Out-patients. A table furnished in the Trustees' account (page 6) exhibits the numbers of this class since 1847. In that year there were 212 surgical and 116 medical out-patients treated at the Hospital; total, 328. In 1856 there were 349 surgical and 538 medical; total, 887. In 1857 we find the surprising increase of 732 surgical and 842 medical; making 1574 in all. Thus the surgical out-patients have more than doubled since 1856, and there is an increase of 304 of the medical; or the total number in 1856 lacks only 200 of being doubled;—a large and responsible duty for the physician in charge, in addition to his other labors.

The Committee refer to the Report, by Dr. L. V. Bell, upon the condition of the McLean Asylum for the Insane. Dr. Bell was called to take the Superintendence of the Asylum, temporarily, on account of the sudden, and finally fatal illness of Dr. Chauncey Booth. In his Report, Dr. Bell gives the usual statistics for the year, and refers with satisfaction to the fact that this Institution, "the oldest of the Northern Institutions for the Insane," continues to have its full supply of inmates, year after year, and even to be crowded, notwithstanding that many other Hospitals for the Insane have arisen, where patients are supported at a lower rate. It is, indeed, a matter for gratification so far as the reputation of the McLean Asylum is concerned, and as such we cannot but rejoice at its popularity and at the palpable evidence of its increasing usefulness; but what a sad commentary is Dr. Bell's remark upon the increase of insanity amongst us! The McLean Asylum crowded "to its full extent of accommodations, year after year," and this whilst several other and larger institutions have by imperative necessity been demanded and built.

In the Asylum, at the beginning of 1857, there were 196 patients; 94 males and 102 females. One hundred and fifty-one have been received during the year—75 males and 66 females; thus there have been 337 patients under care during the year. Of these, 159 have been discharged—80 males and 79 females; leaving, on December 31, 178 in the house—89 of each sex. Thirty-six males and thirty-five females of the "discharged" were regarded as "recovered"; eleven, 5 males and 6 females, were "much improved"; seventeen, 7 males and 10 females, were "improved"; thirty-two, 20 males and 12 females, were "not improved;" twenty-eight, 12 males and 16 females, have died.

Dr. Bell pronounces these results essentially like those of former years, and alludes to the fact that many are prematurely removed from institutions of this sort—so that the results of treatment for such cannot be fully known, nor do they, of course, reap all the benefit the hospital might confer upon them.

Both the Committee of the Trustees, and Dr. Bell, in his Report, allude in terms of high and deserved eulogy to the late lamented Super-

intendent of the McLean Asylum, Dr. Booth. The closing words of Dr. Bell's Report bear testimony alike to the appreciation in which he held his friend and successor in office, and to the deep sense which the latter expressed of the faithful services of his assistants.

The Report terminates with valuable tables of the Admissions, Discharges and Results at the McLean Asylum from its opening, October 6th, 1818.

The names of the officers of the Institution are appended.

CHANGES IN THE MASSACHUSETTS MEDICAL COLLEGE.

An announcement just issued by the Faculty of the Medical Department of Harvard University informs us of important changes which have taken place in our Medical School. The period of instruction, instead of including only the lectures of the four winter months, as heretofore, is to extend throughout the whole year, with the exception of appropriate vacations. In order to carry out this intention, the Tremont Street Medical School, heretofore an institution for private medical instruction, has been merged in the College, and the course will consist of lectures during one portion of the year, and of recitations and study and clinical instruction during the other portion. The instructors of the Tremont Street School have for some time been the same as the professors in the College, hence the union of the two institutions has been accomplished without difficulty; and the teachers will be enabled to adapt the two courses mutually to each other, so that the student will be assisted in his studies and observations during the summer course in the manner best calculated to enable him to profit by the lectures in the winter.

One great advantage which this plan offers is, that all the facilities which Harvard College possesses for medical instruction will be secured to the medical student. Thus, he will be able to attend the lectures of Prof. Gray on Botany, of Prof. Jeffries Wyman on Comparative Anatomy, of Prof. Agassiz on Zoölogy, and of Prof. Lovering on Acoustics and Optics. To these lectures, which are open to students in all the departments of the University, he will be admitted during the summer session without extra charge.

The regular exercises of the Tremont Street School will continue as heretofore, and students will be admitted to all the privileges they have formerly enjoyed while connected with that School. Ample arrangements are made for clinical instruction, and for the study of morbid anatomy, at the Massachusetts General Hospital, and means are provided for a full supply of dissecting material, during the spring and autumn months, without cost to the student.

Such great advantages must form a powerful attraction to those hesitating where to pursue their medical studies. We confess that we know of hardly any school in this country which can offer more in point of instruction than ours, now that the course is continued throughout the year.

ADVERTISING BY NEWSPAPER PUFFS.

If there be any one practice which is considered disreputable by all respectable physicians, it is that of calling the attention of the public to remarkable surgical operations, astonishing cures, and the like, through the newspapers, with a view to the benefit of the individual whose name is paraded in connection with them. The Code of Ethics

of the American Medical Association is very explicit on this point. Art. II., Sec. 3, says: "It is derogatory to the dignity of the profession to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or *suffer such publications to be made*; to invite laymen to be present at operations, to boast of cures and remedies, to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practice of empirics, and are highly reprehensible in a regular physician."

Our attention was lately called to this subject by a notice in the *Pacific Medical and Surgical Journal*, stating that an article published in that Journal, containing a report of a formidable surgical operation, had been reprinted in the daily newspapers: that the author of the article had been appealed to, to deny that this had been done at his instigation, by his consent, or with his knowledge; and that since he had refused to make any such denial, the editors had declined publishing anything farther from his pen. We heartily commend the independent conduct of the *Pacific Journal*. Such appeals to the public ought to exclude a physician from the pale of the respectable portion of the profession.

Quite recently we have been pained to find that an extract from an article published in this JOURNAL has been reprinted in two daily papers, in a manner which bears a very suspicious resemblance to an appeal to the public on behalf of the author. The extract is from an article entitled *Non-Mercurial Treatment of Syphilitic and other Diseases*, by William M. Cornell, M.D., and is as follows:—

"Dealing with chronic diseases, of various forms, especially those of the skin, I have seen almost all kinds of such cases; and I have known the most aggravated forms of chronic eruptions, upon the head, face, and other portions of the body, wholly removed, and permanently disappear, under a treatment without a grain of mercury. In some of these cases mercury had been employed, even to salivation, without any obvious benefit. For a dozen years, I have closely watched these peculiarities of skin diseases, and am satisfied that there is a better, safer, and more eligible way of treating them, than by employing mercury or arsenic."

We cannot for a moment suppose that the author of the article would have consented to such a proceeding, the effect of which must be to injure him deeply in the opinion of the profession of which he is a member, and we trust he will take the earliest opportunity of stating that the publication of the extract in question, in the daily papers, was done wholly without his consent or knowledge. We refrain from alluding to the evils which would follow the publishing, in the daily journals, of papers on purely medical subjects which are only under discussion. It is only of the ethical view of the subject that we speak.

DEATH FROM SUDDEN EMOTION.

A GENTLEMAN writes the following from Amherst, N. H., respecting the case referred to by Dr. Holmes, in his Valedictory Lecture:—

"Some years ago, a worthy resident of Francistown, on being announced by the presiding officer as elected town clerk, said, 'gentlemen, I cannot serve you,' instantly fell, and expired before he could be removed from the meeting. But here the fatal emotion was probably widely different from that which destroyed the exultant father in

Olympic times. It was that annihilating feeling which some very modest men experience on being compelled for the first time in life to open their lips in public; and when it is added that this man who, for a wonder in these days, declined official distinction, had long been troubled by some derangement of the heart, the result will not appear surprising."

Appointments.—Dr. Amos B. Bancroft has been appointed physician to the State Prison at Charlestown, in place of Dr. Wm. B. Morris, removed. We congratulate Dr. Morris on his release from the arduous and dangerous duties which he has so faithfully discharged for many years past.

Dr Isaac G. Braman, of Brighton, has been appointed physician of the United States Arsenal, at Watertown, in place of Dr. Horatio Adams, of Waltham, removed.

Additional Prize presented to Dr. Brown-Séquard.—The French *Académie des Sciences* have lately added 1500 francs ($300) to the prize of Physiology which it decreed in the month of February last to Dr. Ed. Brown-Séquard, for his researches and discoveries in that science.

Cæsarean Operation.—Last Friday, Mr. James Hawkins, surgeon, of Newport, performed the Cæsarean operation on a deformed woman, whose height was only between three and four feet. Chloroform was administered, and the patient was perfectly unconscious of the operation, which was most successfully performed. The child, a fine little girl, exhibited the power of its lungs the moment of its extraordinary birth; and with its mother is doing remarkably well. There were other medical men present at the time, who were much gratified at the success of Mr. Hawkins.—*English paper.*

Health of the City.—The most striking feature in the mortality of last week was the large number of deaths (7) from measles. There were 5 deaths from pneumonia and 4 from scarlatina. The number of deaths for the corresponding week of 1857 was 73, of which 16 were from consumption, 2 from pneumonia, and 14 from scarlatina. The difference of the mortality from pneumonia in the two seasons is the more remarkable, as the weather was unusually severe last year, and unusually mild this year.

DIED,—At Marianna, Florida, Dr. Henry F. Kœhne, of Ohio.

Communications Received.—Letter concerning a case of Otorrhœa, &c., following Scarlatina.—Professional Riquette.—Letter from M.D., Junior (will the author please send us his name?).—Letter from Dr. G. Kimball.—Occlusion of the Os Uteri.

Books and Pamphlets Received.—Dysentery, its Pathology and Treatment. Clinical Lectures by Robert Campbell, A.M., M.D. (From the Author.)—Tendency of Misdirected Education and the Unbalanced Mind to produce Insanity. By Edward Jarvis, M.D. (From the Author.)

Deaths in Boston for the week ending Saturday noon, April 34, 81. Males, 42—Females, 39.—Accident, 2—imperforate anus, 1—inflammation of the brain, 3—congestion of the brain, 2—consumption, 16—convulsions, 3—croup, 3—dropsy, 1—dropsy in the head, 2—debility, 1—infantile diseases, 7—scarlet fever, 4—disease of the heart, 2—hæmorrhage of the lungs, 1—intemperance, 1—disease of the kidneys, 1—inflammation of the lungs, 5—measles, 7—palsy, 1—pleurisy, 2—rheumatism, 1—teething, 4—thrush, 1—tumor, 2—unknown, 3—whooping cough, 5.

Under 5 years, 46—between 5 and 20 years, 6—between 20 and 40 years, 12—between 40 and 60 years, 13—above 60 years, 7. Born in the United States, 64—Ireland, 13—other places, 4.

Treatment of Syphilitic Diseases of Infants.—M. Trousseau recommends, for the treatment of infants affected with syphilitic diseases, baths containing bichloride of mercury in solution. The following is his formula:—Bichloride of mercury, 15 to 30 grains; alcohol, 3 fluid grammes; distilled water, 1 fluid ounce; make a solution, and add to a bath. At the same time he gives internally a solution of the bichloride, of which each dose contains about a hundredth part of a grain of the salt. He also gives the iodide of potassium to the nurse, in the dose of from 25 grains to a drachm, or more, daily, for several months.

Consumption.—The undoubted hæmostatic property of ergot of rye, or spurred rye, has often been vainly tried in hæmoptysis or spitting of blood; it is therefore rather curious to find this substance recommended in a report which has received the approval of the Academy of Medicine at Turin, as one of the most active remedies for consumption. Dr. Parola, the author, describes its action as infallible, if not in curing the disease, at least in staying the progress of the pulmonary inflammation which constantly accompanies the formation of tubercles. It is not a specific for the destruction of the tuberculous matter, but, by its elective action on the bronchial mucous membrane, as also on circulation, respiration, and blood, it can conquer that morbid state by which the secretion of mucus and even pus is increased. It diminishes expectoration, which also becomes less purulent. Dr. Parola administers two grammes of the powder per day, and suspends it every four or five days for 48 hours. When the stomach is too weak, the resinous extract may be administered in pills instead of the powder, to the amount of forty or fifty centigrammes, or else as a potion in a solution of gum. Quinine, foxglove, and even opium may sometimes be administered together with it. By this treatment Dr. Parola has cured 16 cases out of 31 of confirmed consumption in an advanced stage.—*Galignani's Messenger.*

Rush Medical College, Chicago.—The Annual Commencement took place Feb. 17th, in the College Hall. The medical degree was conferred on thirty-six gentlemen, and the honorary degree of Doctor of Medicine on Dr. Solomon Davis, of Columbus, Ind., and Dr. Waldo W. Lake, of Milwaukie, Wisconsin. A valedictory address to the graduates was delivered by Prof. W. H. Byford, after which a collation was partaken of, and a couple of hours spent in the most agreeable and social manner.

St. Louis Medical College.—At the Annual Commencement of this College, Tuesday evening, March 2d, the degree of M.D. was conferred on forty-nine graduates of the past session. A congratulatory address to the class was delivered by Prof. W. M. McPheeters. The number of students the last session was 125.

Missouri Medical College.—The Annual Commencement of this College took place in St. Louis on Saturday evening, Feb. 27th, when the degree of Doctor of Medicine was conferred on twenty-five members of the class. The *ad eundem* degree was conferred on Drs. Samuel B. Bowles, O. C. Johnson, and Thomas J. Klepper, of Missouri; and Dr. Wade Pollard, of Arkansas—also the honorary degree on Dr. James H. Slavens, of Missouri. The valedictory address was by Prof. John Barnes.

The New York Dental Association.—A meeting of dentists in the city of New York took place at 57 Bond street in November last, for the purpose of organizing an association for the promotion of the individual and general interest of the profession. At a subsequent meeting it was organized, a constitution and by-laws adopted, and officers chosen. Meetings have been held twice a month during the winter, and subjects connected with dentistry, previously given out, discussed.

Medical Miscellany.—The physicians of Waupaca County, Wisconsin, at a meeting in the village of Waupaca, organized themselves into a County Society, elected their officers, and appointed a Committee to draft a constitution and by-laws.—A pair of artificial feet, for the purpose of increasing the height of a lady only three feet ten inches tall, has been manufactured in London, which are easily worn by her, and by which nearly eight inches are added to her height.—Steps have been taken to secure the museum of the late Hugh Miller, for the city of Edinburgh.